

USARAK CONFINED SPACE ENTRY PERMIT

For use of this form see USARAK Regulation 385-1; the proponent agency is USARAK Safety.

DEPARTMENT:		SHOP:			
SITE LOCATION AND DESCRIPTION:					
PURPOSE OF ENTRY:					
AUTHORIZED ENTRY PERSONNEL (Last, First, MI):					
AUTHORIZED ATTENDANTS (Last, First, MI):					
DATES ENTRY AUTHORIZED		FROM: DATE	TIME	TO: DATE	TIME
REQUIRED SAFETY PRECUTIONS:					
CONTROLS	YES	NO	HAZARDS		
Lock out/Tag out					
Ventilation (specify)					
Breathing apparatus (specify)					
Full body harness with "D" ring					
Rescue equipment (specify)					
Lifelines					
Fire Extinguishers					
Lighting (explosive proof)					
Protective clothing					
Respiratory protection					
Hot work or welding permit					
Continuous monitoring required					
Other controls (specify):					
Communications procedures: VISUAL: VOICE: PHONE: RADIO: LIFELINE:					
RESCUE PROCEDURES: DIAL 911 - NOTIFY SUPERVISOR - PREFORM NON-ENTRY RESCUE					
ATMOSPHERIC TEST DATA	PRE-ENTRY	FOLLOW UP			
Time tested					
Percent oxygen > 19.5% - 23.5%					
Flammable gases (LFL) < 10%					
Carbon monoxide (CO) < 35ppm					
Hydrogen Sulfide (H2S) < 10 ppm					
Sampling equipment:			Calibration:		
Tested by: PRINTED NAME:					DATE:
ENTRY SUPERVISOR PRINTED NAME:		ENTRY SUPERVISOR SIGNATURE:			DATE:
FIRE AND EMERGENCY SERVICES NOTIFIED: DATE:					INITIAL:
PERMIT WILL REMAIN AT JOB SITE UNTIL WORK IS COMPLETED.					